

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

00826

OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used).

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

00826

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

Assignee Name and Address:

Assignee (1) Janssen Alzheimer Immunotherapy
 Little Island Industrial Estate
 Little Island, County Cork, Republic of Ireland

Assignee (2) Wyeth LLC
 Five Giralda Farms
 Madison, New Jersey 07940 USA

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Peter L. Heridge</i>	Date	Aug 3, 2010
Name	Peter L. Heridge	Telephone	(732) 524-5352
Title	Senior Patent Counsel, Janssen Alzheimer Immunotherapy		

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	
Name		Telephone	
Title	, Wyeth LLC		

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<input type="checkbox"/> Firm or Individual Name	
Address	
City	State Zip
Country	
Telephone	Email

Assignee Name and Address:

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 Little Island Industrial Estate
 Little Island, County Cork, Republic of Ireland

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 Madison, New Jersey 07940 USA

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/56 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date
Name	Peter L. Herridge	Telephone (732) 524-5352
Title	Senior Patent Counsel, Janssen Alzheimer Immunotherapy	

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Bruce A. Pokras</i>	Date
Name	Bruce A. Pokras	Telephone 973-660-5000
Title	Attorney-in-Fact, Wyeth LLC	